

Medical Needs/ Medical Conditions Policy 2023

Aims:

This policy aims to ensure that:

- To ensure parents and staff of the school understand the expectations and procedures for children who are unwell on a school day or at school
- To ensure the safe administration of medicines to children where necessary and to help support attendance.
- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring Individual Care Plans (Care Plans)

The named person with responsibility for implementing this policy is Graham Lobb.

Roles and responsibilities:

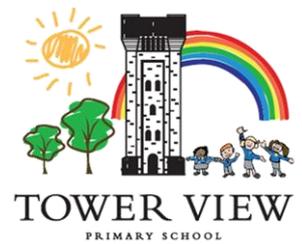
The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Care Plans (Care Plans), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of Care Plans



- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

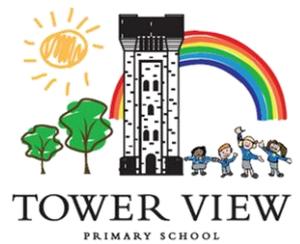
Parents will:

- Make sure their child attends school every day unless they are ill.
- Provide the school with sufficient and up-to-date information about their child's medical conditions and needs
- Be involved in the development and review of their child's Care Plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the Care Plan, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Care Plans. They are also expected to comply with their Care Plans.

School nurses and other healthcare professionals



Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's Care Plan.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing Care Plans.

Equal opportunities:

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Procedures for unwell pupils:

If a child is unwell prior to the start of the school day, parents school follow the procedures set out in our Attendance Policy.

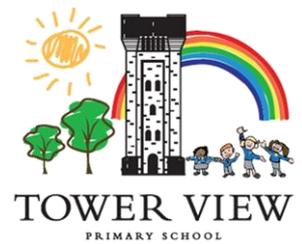
Children displaying any signs of infection/ illness during the school day will be sent home and recommended to see a doctor.

If a child is identified with sickness and diarrhoea, the parent/carer will be contacted immediately and the child must go home, and only return after **48 hours** have passed without symptoms.

If the school is unable to contact the parent/carer in any situation, the child's first emergency contact will be contacted.

Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection. If a vulnerable child, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent/carer will be informed immediately and further medical advice sought.

Students should not return to school, following an infectious illness, any sooner than the recommended absence period outlined in Appendix B.



Infection control

Parents should not bring their child into school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one attention
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended period to be kept away from school, outlined in Appendix B, has not yet passed

We do understand that sometimes children will appear unwell or say they are unwell for reasons other than being poorly. If you feel your child has any worries about coming to school and is feigning illness, please contact school to discuss your concerns. Likewise, if a child suddenly appears to be well early in the day, they can come to school for the afternoon session or even come in late for the morning.

Infectious diseases

If a member of staff suspects the presence of an infectious disease in the school, they should inform Mr Lobb and the school office.

If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms.

If a child is identified as having a notifiable disease, as outlined in Appendix B, the school will inform the parents, who should inform their doctor. It is a statutory requirement for doctors to then notify the Public Health Agency.

Being notified that a child has a medical condition:

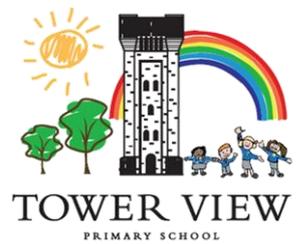
When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Care Plan (Care Plan).

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

Individual Care Plans

The headteacher has overall responsibility for the development of Care Plans for pupils with medical conditions. This has been delegated to Mrs Copley.



Plans will be reviewed at least annually in September, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

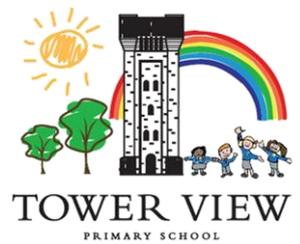
Not all pupils with a medical condition will require a Care Plan. It will be agreed with a healthcare professional and the parents when a Care Plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Care Plans will be linked to, or become part of, any education, health and care plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the Care Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and Admin Assistant, will consider the following when deciding what information to record on Care Plans:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments



- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

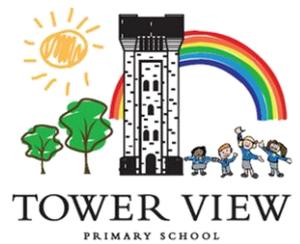
Medicines will be returned to parents to arrange for safe disposal when no longer required.

School procedures

Wherever possible, medicines should be administered at home. School will only give medication that needs to be administered 4 times per day or if it specifically states before/with lunch. The exception to this is if circumstances deem that parents are unable to administer this at the correct time e.g. Medicines which cannot be administered outside of school hours or occasions when a child is attending the OOSC.

Where it is essential for medicines to be administered:

- Parents will need to fill in a medicines permission slip.
- Parents are responsible for bringing the medicine into school and for taking it home and must not be brought by the child.



- Parents will need to provide the medication in its original container that carries the original label detailing, name, dosage, frequency of dose, expiry date.
- The office team will be responsible for the administration of such medicines within the school day. They will ensure that dosages are checked before administration and that logs of treatments are kept.
- On a school trip the medication will be kept and administered by the named first aider.
- Medicines will be kept securely or in suitable storage if the instructions require this (eg in a fridge)

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Care Plans.

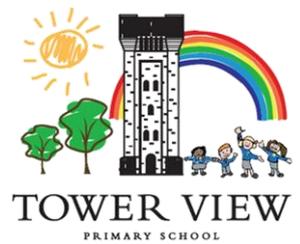
Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Care Plan and inform parents so that an alternative option can be considered, if necessary.

Medical needs related to food

There may be occasions when children require a special diet due to allergies certain food types eg nut allergy or intolerance to gluten/ wheat.

The catering service is well equipped to provide meals for children with allergies/ intolerances. However, this cannot be done unless parents provide medical evidence stating the medical condition and which food types should not be given to the child. A form must be completed by the parent [here](#).

If parents cannot provide this then a standard school lunch will be provided.



Children with specific allergies will have their photos displayed in relevant areas around school (such as in the kitchen and staffroom) to ensure that all staff are aware of their particular needs and emergency action that may need to be taken.

A list is also maintained in the school's IT systems.

Unacceptable practice

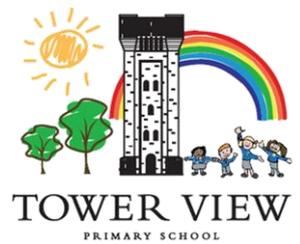
School staff should use their discretion and judge each case individually with reference to the pupil's Care Plan, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Care Plans
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Care Plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.



Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of CARE PLANS. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the Care Plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

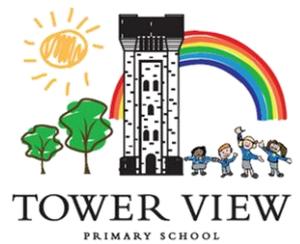
Care Plans are kept in a readily accessible place which all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

We are a member of the Department for Education's risk protection arrangement (RPA).



Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Attendance Policy
- Complaints Policy
- Equality information and objectives
- First aid Policy
- Health and safety Policy
- Safeguarding Policy
- Special Educational Needs Information Report and Policy

Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

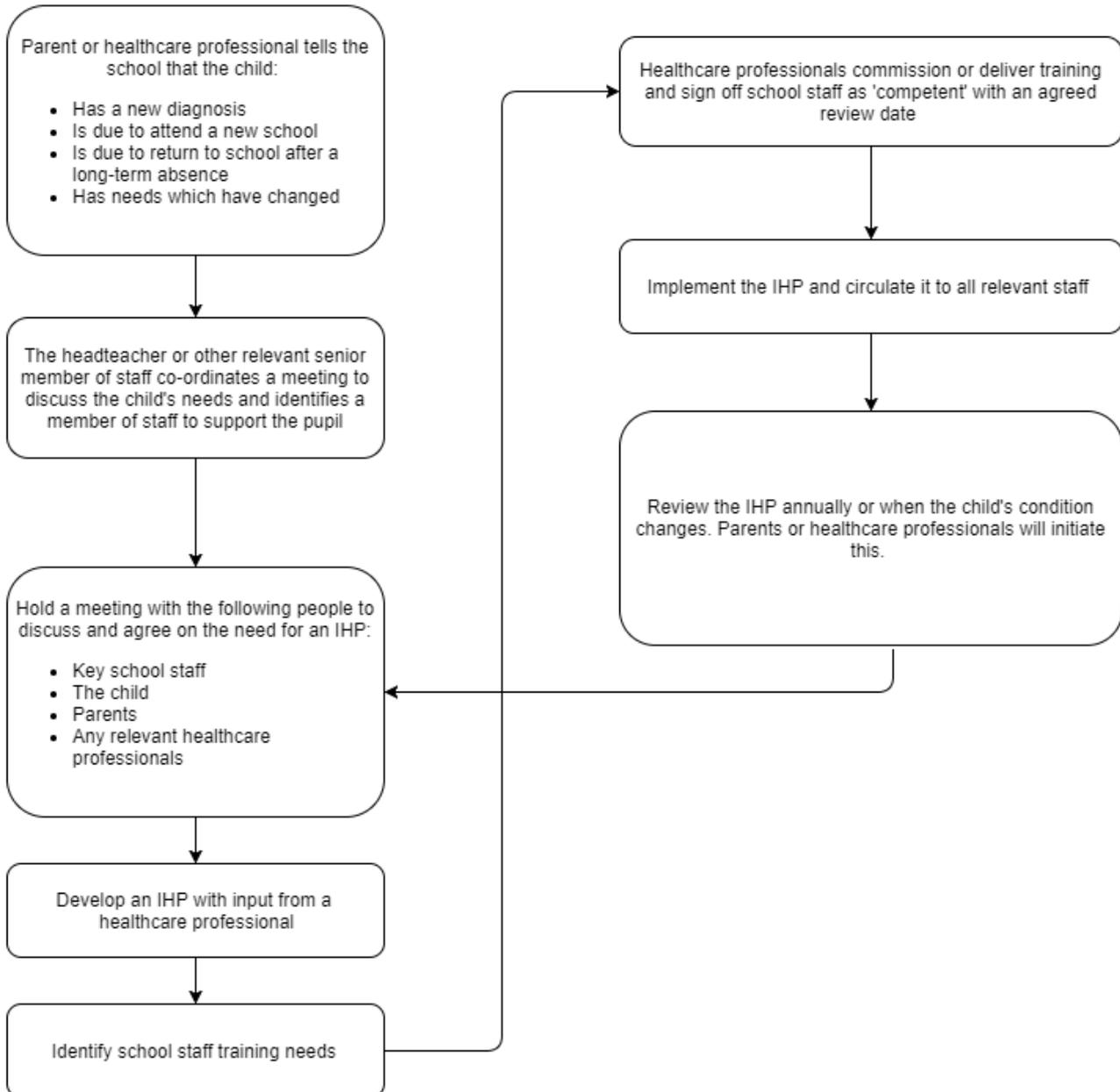
Approved by: Quality of Education Committee

Date: 05/12/2023

Last reviewed on: 05/12/2023

Next review due by: 31/12/2024

Appendix 1: Being notified a child has a medical condition



Appendix B

This table details the minimum required period for pupils to stay away from school following an infection, as recommended by the Public Health Agency.

Infection	Recommended minimum period to stay away from school	Comments
Rashes and skin infections		
Athlete's foot	None	Treatment recommended; however, this is not a serious condition.
Chicken pox*	Five days from onset of rash	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR). Follow procedures for pregnant staff.
Hand, foot and mouth rashes	None	If a large number of pupils/staff are affected, contact the Public Health Agency.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	None
Measles*	Four days from onset of rash	Preventable by vaccination. Follow procedures for vulnerable children and pregnant staff.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also.
Scarlet fever*	24 hours after commencing antibiotic treatment	Antibiotic treatment recommended.
Slapped cheek (fifth disease or parvovirus B19)	None	Follow procedures for vulnerable children and pregnant staff.
Shingles	Stay away from school only if rash is weeping and cannot be covered	Spread by close contact. Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Infection	Recommended minimum period to stay away from school	Comments
Diarrhoea and vomiting illnesses		
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	None
E.coli*	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Typhoid* and paratyphoid* (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Shigella* (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Cryptosporidiosis*	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming for two weeks after diarrhoea has settled is recommended.
Respiratory infections		
COVID	For 3 days after a positive test	
Flu (influenza)	Until recovered	Follow procedures for vulnerable children.
Tuberculosis*	Consult the Public Health Agency for recommendation	Requires prolonged close contact to spread.
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. Non-infectious coughing can continue for many weeks.
Other infections		
Conjunctivitis	None	If an outbreak occurs, contact the Public Health Agency.
Diphtheria*	Consult the Public Health Agency for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the Public Health Agency.
Glandular fever	None	None
Head lice	None	Treatment is recommended.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	In an outbreak, the Public Health Agency will advise control measures.
Hepatitis B*, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.

Infection	Recommended minimum period to stay away from school	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.
Meningitis viral*	None	Milder form of meningitis. There is no reason to exclude those who have been in close contact.
MRSA	None	Good hygiene is important to minimise the spread.
Mumps*	Five days after onset of swelling	Preventable by vaccination.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	None

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to the Public Health Agency.